



Atty. Dkt. No. 029539-0101

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Dan Molander

Title: A STACKABLE PLASTIC BOX
BLANK AN DMETHOD OF
FORMING SAME

Appl. No.: 09/687,654

Filing Date: 10/13/2000

Examiner: Stephen J. Castellano

Art Unit: 3727

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below. <i>Christine Kozio L</i> (Printed Name) <i>Christine Kozio L</i> (Signature) <i>May 7. 2004</i> (Date of Deposit)

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated March 23, 2004 of the Examiner finally rejecting Claims 1-11 and 13-17.

- ☐ Applicant claims small entity status.
- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below
- ☐ Not required (Fee paid in prior appeal)

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05/11/2004 AWONDAF1 00000018 09687654

01 FC:1402
02 FC:1252

330.00 OP
420.00 OP

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$330.00
<input checked="" type="checkbox"/>	Extension for response filed within the second month:	\$420.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$750.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):	\$0.00
	TOTAL FEE:	\$750.00

☐ Please charge Deposit Account No. 06-1450 in the amount of \$750.00 . A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$750.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 5-7-04

By 

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